



Exclusively at **VISION SOURCE**
SIGNATURE EYE CARE

SAVE UP TO \$85
ON YOUR CONTACT LENS PURCHASE

AquaClear® | Biofinity® brands*:

- AquaClear®: \$50 off (4) 6-packs
- AquaClear® Toric: \$50 off (4) 6-packs
- Biofinity® multifocal: \$50 off (4) 6-packs
- Biofinity® Energys: \$60 off (4) 6-packs

*(excludes Biofinity® XR toric)

AquaClear® 100 or AquaClear® 110 |
AquaClear® 100 Toric or AquaClear® 110 Toric
or Combo: \$30 off (8) 6-packs

Fresh Day® brand: \$65 off (8) 90-packs or (24) 30-packs

Fresh 30®: \$50 off (4) 6-packs

MyDay® brand: \$35 off (4) 90-packs or \$85 off (8) 90-packs



Contact lenses must be purchased within 90 days of your eye exam, and all receipts must be from the same eye care practitioner who prescribed your contacts, or from a location affiliated with that practitioner.

Rebate paid in the form of a convenient CooperVision Visa® Prepaid Card.* Submissions must be postmarked within 60 days of lens purchase.

CooperVision Offer: 11/01/2016 - 4/30/2017

It's easy to get your CooperVision Visa® Prepaid Card. Just follow the steps below:

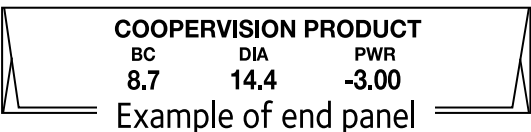
1 Purchase the required number of contact lens boxes between **11/01/2016 - 4/30/2017**.

EYE CARE PRACTITIONER FIRST AND LAST NAME:		
PRACTICE NAME:		
CITY:	STATE:	ZIP:
PHONE:	DATE PURCHASED:	

2 Mail the following items to the address provided below:

- The completed rebate form.
- Original dated sales receipt with eligible lens purchase(s) and date circled.
- Original dated fitting fee exam receipt with date circled.
- TWO** original end panels with prescription information from the boxes purchased. If you wear a different type of lens in each eye, please submit one end panel from each type. **Photocopies will not be accepted.**

NAME TO APPEAR ON PREPAID CARD:		
PATIENT NAME:		
ADDRESS:		CITY:
STATE:	ZIP:	PHONE:
EMAIL:		We will notify you regarding the status of your rebate via email.
<input type="checkbox"/> Yes, I would like to know more about valuable offers and other information from CooperVision.		



COOPERVISION REBATE | OFFER # 16-84583
PO BOX 540062 | EL PASO, TX 88554-0062

OPTOMETRYGIVINGSIGHT
Transforming lives through the gift of vision

To find out how you can help, please visit www.coopervision.com/rebates. You can share some of your rebate to help provide sight to millions. You can help give the gift of sight by electing to share \$1, \$5, \$10 or all of your rebate and CooperVision will donate that amount to Optometry Giving Sight. If you'd like to help, just indicate the amount by selecting a box on the right and you'll receive your Visa prepaid card minus that amount.

- \$1 \$5
- \$10 All

Your right to receive this rebate will not be earned unless you satisfy each of the requirements described in "It's easy to get your CooperVision Visa Prepaid Card." Failure to follow each of these steps is a rejection of this rebate offer. Offer valid only for residents of the U.S., Puerto Rico and Virgin Islands. Offer not valid where prohibited by law and not valid with any other offer or rebates. Rebate not valid in combination with purchase at 1-800 CONTACTS. Allow up to 8 weeks for processing and delivery of Visa prepaid card. If card is not received within 8 weeks, call toll-free (855) 806-3234 Mon-Fri, 8 a.m. - 7 p.m. CT. **Should a check be issued, any obligation of CooperVision under this offer, and any check issued pursuant hereto, will expire and be null and void if check is not cashed or deposited within 180 days of issuance.** CooperVision reserves the right to cancel, suspend, or modify part or this entire rebate program at any time without notice, for any reason in its sole discretion. CooperVision is not responsible for lost, late, illegible, stolen, or incomplete requests; or postage-due, damaged, or separated mail. PLEASE NOTE: If the product you have purchased will be reimbursed by an insurance company or other third-party payor, reimbursement may not be sought for costs already covered by this rebate. All submitted materials become property of CooperVision and will not be returned. Limit one rebate per person per twelve (12) month period and five (5) rebates per address per twelve (12) month period, except where prohibited. Excessive submissions and/or other fraudulent activities may result in federal prosecution under the U.S. mail fraud statutes (Title 18 United States Code Sections 1341 and 1342). *Rebate paid in the form of a Visa prepaid card. The Visa prepaid card is not redeemable for cash or usable at any ATM. Terms and Conditions apply to the card. Subject to applicable law, a monthly maintenance fee of \$3 (USD) applies, but is waived for the first six months after the card is issued. Your card is issued by MetaBank®, Member FDIC, pursuant to a license from Visa U.S.A. Inc. Cards can be used at any merchants that accept Visa debit cards within the United States and U.S. Territories. CooperVision reserves the right to substitute a check of equal value in lieu of a Visa prepaid card at its discretion. If you elect to waive a portion, or your entire rebate amount, all waived rebate money submitted between 11/01/2016 - 4/30/2017 will be contributed by CooperVision to Optometry Giving Sight. If you would like to make an additional tax-deductible charitable contribution to Optometry Giving Sight, please visit www.givingsight.org. ©2016 CooperVision, Inc.

If you have questions or would like to check the status of your submission, please visit www.coopervision.com/rebates. If you do not have Internet access, call (855) 806-3234 Mon-Fri, 8 a.m. to 7 p.m. CT. **IMPORTANT:** Make photocopies of your entire submission for your records.